

**MAYAGUEZ MEDICAL CENTER
GENERAL SURGERY**

DELINEATION OF PRIVILEGE MEDICAL PROCEDURES

NAME: _____

	Requested	Not Requested	Recommended	Not Recommended
<u>EXTREMITIES & VASCULAR</u>				
AMPUTATION, MAJOR				
AMPUTATIONS, MINOR				
ANEURYSMECTOMY				
EMBOLECTOMY				
NEURORRHAPHY				
SYMPATHECTOMY, DORSAL				
SYMPATHECTOMY, LUMBAR				
TENORRHAPHY				
VASCULAR GRAFTS				
VARICOSE VEINS, OPERATIONS FOR				
ANGIOGRAMS				
AORTOGRAMS				
ENDARTERECTOMY				
BALLOON ANGIOPLASTY				
ARTERIORRHAPHY				
OTHER MAJORS (SPECIFY)				
<u>MUSCULOSKELETAL</u>				
FRACTURES, CLOSED REDUCTION				
FRACTURES, OPEN REDUCTION				
LAMINECTOMY				
OTHER MAJORS (SPECIFY)				
<u>HAND SURGERY</u>				
HAND INFECTIONS (MAJOR)				
HAND INFECTIONS (MINOR)				

PAGE #2	Requested	Not Requested	Recommended	Not Recommended
<u>PLASTIC AND SKIN</u>				
CLEFT PALATE OR HARELIP REPAIR				
DEBRIDMENT & SUTURE MAJOR WOUNDS				
PEDICLED & OTHER MAJOR GRAFTS				
OTHER MAJOR (SPECIFY)				
WOLFF GRAFTS				
EXTENSIVE BURNS				
<u>MINOR OPERATIONS</u>				
PLASTIC (MINOR WOUNDS, GRAFTS)				
SKIN (MOLES, SMALL TUMORS, ETC.)				
SKIN LACERATIONS				
PARACENTESIS				
PILONIDAL CYST				
OTHER MINORS (SPECIFY)				
<u>ENDOSCOPY</u>				
PERITONEOSCOPY				
PROCTOSCOPY				
GASTROSCOPY				
SIGMOIDOSCOPY				
<u>HEAD AND NECK</u>				
GRANIOTOMY FOR TRAUMA OR TUMOR				
GLOSSECTOMY				
PAROTIDECTOMY (OR EXC. TUMOR)				
RADICAL NECK DISSECTION				
THYROID OPERATIONS THYROGLOSSAL DUCTS				
THYROGLOSSAL DUCTS				
LIP SURGERY				
RANULA				
EPULIS				

PAGE #3	Requested	Not Requested	Recommended	Not Recommended
BRANCHIAL CLEFTS				
PHARYNGO-EXOPH, DIVERTICULUM				
<u>BREAST</u>				
RADICAL MASTECTOMY				
SIMPLE MASTECTOMY				
SMALL TUMORS, BIOPSY				
<u>THORAX</u>				
DIAGHRAGMA HERNIA REPAIR				
ESOPHAGECTOMY, ALL TYPES				
EXC. MEDIASTINAL TUMOR				
OPEN CARDIOTOMY				
PNEUMONECTOMY, LOBECTOMY				
SEGMENTAL OR WEDGE RESECTION				
THORACOTOMY, EXP. OR DRAINAGE				
THORACOPLASTY, CLOSED				
SURGERY OF THE DIAPHRAGM				
INTRATHORACIC SURGERY				
ENDOSCOPIES				
PHRENIC NERVE				
RIB RESECTION FOR EMPYEMA				
<u>ABDOMEN</u>				
ABDOMINO-PERINEAL RESECTION				
ADRENALECTOMY				
APPENDECTOMY				
CHOLECYSTECTOMY				
COMMON DUCT, OPERATIONS ON				
SPHINTEROPLASTIES				
COLECTOMY, PARTIAL OR TOTAL				
COLOSTOMY				

PAGE #4	Requested	Not Requested	Recommended	Not Recommended
ENTEROSTOMY, ALL TYPES				
EXPLORATORY LAPAROT				
EXPL. & LYSIS ADHESIONS				
GASTROENTEROST				
GASTRECTOMY, PART. OR TOTAL				
GASTROSTOMY				
HERNIORRAPHY, INGUINAL				
HERNIORRHAPHY, ALL OTHERS				
INTUSSUSCEPTION				
PANCREAS				
PERFORATION, CLOSURE OF				
PYLOROMYOTOMY				
RAMSTEDT				
I & D INTRA-ABD ABSCESS				
TRAUMATIC LAPAROTOMY				
OTHER MAJOR (SPECIFY)				
ANORECTAL				
HEMORRHOIDECTOMY				
FISTULA-IN-ANO				
SPHINTEROTOMY				
OTHER OPERACION (SPECIFY)				
GENITO-URINARY				
CYSTOSTOMY				
CYSTECTOMY, PART. OR TOTAL				
NEPHRECTOMY				
PYELOTOMY				
PROSTATECTOMY, TRANSURETHRA				
PROSTATECTOMY, ALL OTHER				
OTHER MAJOR (SPECIFY)				

PAGE #5	Requested	Not Requested	Recommended	Not Recommended
GYNECOLOGY				
CERVICAL EXCISION OR REP.				
CESARIAN SECTION				
HISTERECTOMY				
SALPINGOOPHORECTOMY				
PERINEAL REPAIR				
RADICAL PELVIC EXENTERAT.				
OTHER MAJORS (SPECIFY)				
D & C				

DELINEATION OF PRIVILEGE MEDICAL PROCEDURES GENERAL SURGERY

APPLICANT'S SIGNATURE

DATE

/ / **Recommended**

/ / **Not Recommended**

DEPARTMENT DIRECTOR

DATE